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ABSTRACT

Assistance to school principals in preparing their schools to respond to the Acquired Immune Deficiency Syndrome (AIDS) issue is provided in this booklet. The first section offers background information on the following: facts about AIDS/HIV; youth risk factors; knowledge, attitudes, and behaviors of Canadian youth; the content of AIDS education programs; issues in the goals of such programs; the school role; overcoming external and internal constraints; community relations; and recent Canadian responses. Many of the topics in the second section are presented as guides or in the form of questions, and include criteria for school preparedness and health program evaluation, program director selection and evaluation, controversy management, AIDS reference material, maintaining a safe school environment, and handling disclosures of infection. The third section describes strategies for preparing the school board and community, and the final section outlines Department of Education directives, provincial and territorial guidelines, and school board policies and procedures. Highlights of the report include data from the Canada Youth and AIDS study, a discussion of appropriate content of AIDS programs, advice on controversial issues, action checklists, and policy development from the "front line." (LMI)

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Canadian Association of Principals

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AIDS: PREPARING YOUR SCHOOL AND COMMUNITY

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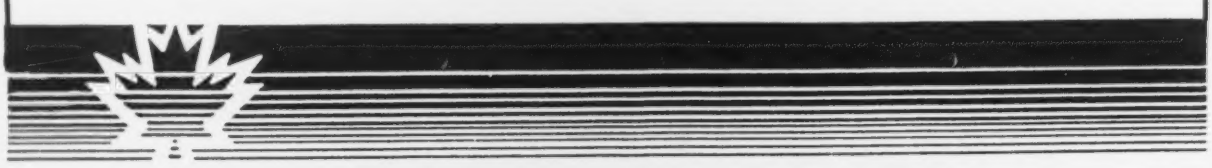

EA 023 104

Canadian Association
of Principals

Association canadienne
des directeurs d'école

Colleagues

The Board of Directors of The Canadian Association of Principals present you with this copy of our Aids Book for Canadian Principals.

The Board of Directors realizes that Aids Education is a necessary part of our Canadian Curriculum, and, as educational leaders in Canada, we wish to provide assistance to our members on this important topic.

We thank The Federal Centre for Aids / Health and Welfare Canada for their assistance in the publication of this Document.

Please watch for future publications from the Canadian Association of Principals and Information on our annual conferences.

The Board of Directors of Canadian Association of Principals

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AIDS:
PREPARING YOUR SCHOOL AND COMMUNITY

Canadian Association of Principals

Funding Provided by the Federal Centre for AIDS, Health Protection Branch, Health and Welfare Canada.

Research, Writing and Publishing done by:

SHANNON & McCALL

CONSULTATION, COLLABORATION, COORDINATION

HOW READY IS YOUR SCHOOL?

This booklet has been prepared to help you, the school principal, prepare your school to prevent the spread of the AIDS virus. Different checklists and questionnaires are included which provide specific, practical advice.

TOPIC	PAGE
1. How prepared is your school for health issues?	35
2. A Comprehensive School Health Health Program on AIDS: A Readiness Checklist.	38
3. Choosing or Evaluating an AIDS Program.	42
4. Choosing and Evaluating the Teacher of the AIDS Program.	47
5. School Health and Safety Procedures for Infectious Diseases: A Readiness Checklist.	58
6. An AIDS Readiness Checklist for Your Community	65
7. Questions to Ask About Your School Board's Policy	67

Table of Contents

1. Introduction 1

1.1. Organization of the Material in this Booklet 2

1.2. Acknowledgements 3

2. Background Information 5

A. The Facts About AIDS/HIV 5

B. Risk Factors for Youth 6

C. Knowledge, Attitudes and Behaviours of Canadian Youth 8

D. The Content of AIDS/HIV Programs 14

E. Comprehensive School Health Education Programs Work 15

F. Appropriate Goals and Content of AIDS/HIV Programs: The Issues 17

G. Some Suggestions for a Revised Content of AIDS Programs 21

H. A Realistic Role for Schools 23

I. Overcoming External Constraints Hindering the Response of Schools 23

J. Overcoming Internal Constraints Hindering the Response of Schools 26

K. Working with your Community to Prevent AIDS 28

L. Recent Events Across Canada 31

3. Preparing Your School 35

3.1. Introduction to This Section of the Booklet 35

A. How Prepared is Your School for Health Issues? 35

B. Components of a Comprehensive School Health Program Regarding AIDS: A Readiness Checklist 38

C. Choosing or Evaluating an AIDS Program 42

D. Choosing and Evaluating the Teacher of the AIDS Program....47

E. Managing and Teaching About Controversial Issues....52

F. AIDS Reference Material....56

G. Providing a Safe and Healthy Environment....58

H. Handling Disclosures of HIV Infections....60

4. Preparing Your School Board and Community....63

A. Policy Making from the Frontline....63

B. Ways to Help Your Community Be Prepared....64

C. An AIDS Readiness Checklist for Your Community....65

5. Directives from the Department of Education, Policies and Procedures of the School Board....67

A. Provincial/Territorial Guidelines....67

B. School Board Policy and Procedures....67

C. Relevant Memos and Directives....67

D. Local Resources in the Community....67

1. Introduction

This booklet has been prepared to assist school principals in preparing their schools to respond to the AIDS issue. With the barrage of information about AIDS these days, it may be useful to point out immediately what information is not contained in these pages:

- We have not included much medical information. That topic has been well covered in many public education programs and pamphlets.
- We have not discussed guidelines for the management of students or employees infected with HIV. Again, this has been well covered in ministry guidelines and school board policies.

This booklet presents some relatively new information which may or may not have been transmitted to the school level. Here are some of the highlights:

- Data from the Canada Youth and AIDS Study. This landmark study provides "benchmark" information about the knowledge, attitudes and behaviour of youth today on AIDS, sexual behaviours and sexually transmitted diseases (STD's). We may need to re-assess some of the things that we are doing in schools about AIDS in the light of this information.
- Discussion of the Appropriate Content of AIDS Programs. The approach taken by most AIDS programs is examined in the light of prevention theory and new developments in the field.
- Advice on the "Tough" Issues. There has been an attempt to collect and present advice on some of the "tough" issues such as homosexuality, condoms, conflicting sources of information, selecting teachers for the program and others.
- Checklists for Action. Practical, concrete steps to prepare your staff and your school are listed periodically through this material.
- Policy Development from the "Front-Line". Suggestions on how to influence your community and your school board are also included. Help them to help you!

The Canadian Association of Principals (CAP) is an organization dedicated to the professional development of its members. CAP gratefully acknowledges the support provided by the Federal Centre for AIDS, Health Protection Branch, Health and Welfare Canada, in the preparation of this booklet.

In cooperation with parents and other agencies in the community, schools can play an important role in the prevention of AIDS as well as in providing factual information to reduce the impact of hysteria or fear associated with the disease.

As with so many other issues, you, the school principal are in a position to play a leadership role. We hope this material helps you to meet that challenge.

1.1. Organization of the Material in this Booklet

Background Information

This chapter provides an overview of the latest information about AIDS and HIV infection, a summary of the Canada Youth and AIDS Study, analysis of the qualitative issues regarding AIDS prevention programs and a discussion of a realistic role for schools in the face of internal and external constraints. This chapter concludes with a brief discussion of recent events and trends across Canada.

Preparing Your School

This chapter provides a number of school-based checklists and other practical advice. It is hoped that school administrators will use this information to prepare their school for the eventuality of an HIV infection affecting one of their students or staff.

Preparing Your School Board and Community

This chapter suggests a number of steps that school districts and communities can take to prevent HIV infections.

Provincial and School Directives

The final chapter provides space for school administrators to include local and provincial policies, guidelines and information.

This booklet has been prepared for the Canadian Association of Principals with funding provided by the Federal Centre for AIDS. The views or suggestions included do not necessarily reflect the views or policies of these sponsoring organizations.

1.2. Acknowledgements

This booklet has been prepared with funding provided by the Federal Centre for AIDS, Health Protection Branch, Health and Welfare Canada. The Canadian Association of Principals (CAP) is proud to be a partner in their National AIDS Education Program for Canadian Youth

CAP wishes to express its appreciation for the support and encouragement provided by the Bureau of Information and Education Services of the Federal Centre for AIDS. This Bureau has successfully worked with several national education organizations in reducing the impact of AIDS on our students.

2. Background Information

A. The Facts About AIDS/HIV

The following are the basic facts about AIDS as described by current medical research:

- AIDS (Acquired Immunodeficiency Syndrome) is a disease characterized by the breakdown of the body's immune system as a result of infection with the human immunodeficiency virus, (HIV) often referred to as the AIDS virus.
- Research to date has confirmed that the virus is transmitted in three ways:
  a) through vaginal, anal and possible oral intercourse with a person infected with HIV;
  b) through direct entry of infected blood or blood components into the bloodstream, particularly by sharing needles and syringes with an infected person;
  c) from mother to child in utero, during childbirth or through breastfeeding.
- No vaccine exists to provide immunity, nor is there a cure for AIDS or HIV infection. Recent tests with experimental drugs have shown promise that the course of the disease can be slowed.
- Several years may pass before an infected person shows clinical symptoms of HIV infection or AIDS.
- Numerous scientific studies have shown that the AIDS virus, HIV, is not spread by indirect or casual contact (for example sneezing, shaking hands, hugging, perfunctory kissing or being in the same classroom with someone who is infected.
- Latex condoms, when properly used, have been shown to be effective as a barrier to HIV but they are not fool proof. When used with contraceptive jelly, cream or foam containing spermicides, condoms are believed to be the most effective means for preventing HIV spread among persons who engage in sexual intercourse and who are not maintaining a mutually, monogamous relationship.
- As of the end of April 1989, approximately 2500 cases of AIDS have been reported in Canada.
- An estimated 50,000 Canadians are currently infected with the HIV.
- It is predicted that by 1992, the cumulative number of AIDS cases in Canada will total under 11,000 cases.

(Sources: Federal Centre for AIDS, NSBA, Reducing the Risk, National School Boards Association, 1989.)

B. Risk Factors for Youth

As of April 1989, 10 cases of AIDS among teenagers, aged 15-19, were reported in Canada. Over 20% of people with AIDS are aged 20-29 years. Because the latency period for the virus can be 7 or more years, many of these people were probably infected as teenagers.

(Source: Federal Centre for AIDS.)

There are a number of behavioural characteristics of adolescents which are a source of concern in the prevention of AIDS.

The Amount of Sexual Activity

There is clear evidence that adolescents are sexually active:

- 31% of male and 21% of female grade 9 students have had sexual intercourse at least once.
- Nearly one half of grade 11 and three quarters of first year colleges/university students have had sexual intercourse at least once.
- 65% of sexually active college/university males and 47% of females have had sexual intercourse with 3 or more partners.
- 15% of college/university students reported anal intercourse at least once.

(Source: Canada Youth and AIDS Study, 1988)

Lack of Protection During Sexual Intercourse

There is also clear evidence that many young people increase their risk by not using condoms during sexual intercourse.

- Only 15% of grade 11 and 13% of first year college/university students agree that fear of getting AIDS could prevent them from having sex.
- Approximately 75% of grade 11 and first year college/university students supported pre-marital sex, especially if the two people are in love.
- Sexually active young adults generally have a negative attitude toward the use of condoms, approximately one-quarter never use a condom.

(Source: Canada Youth and AIDS Study, 1988)

American studies indicate lower levels of protection. A 1980 study published in Family Planning Perspectives reported that only one third of sexually active teenagers use contraceptives regularly.

(Source: NSBA, Reducing the Risk, 1989)

Prevalence of Sexually Transmitted Diseases

The prevalence of STD's, such as chlamydia and herpes, has been shown to increase the risk of acquiring HIV infection in the event of exposure to the virus.

- In 1986, there were 37,489 cases of STD's in Canada, accounting for 27.6% of all notifiable diseases.
- Persons 15-29 years of age accounted for 78.3% of the total number of cases of gonorrhea.
- Among females, 68.7% of all reported cases of gonorrhea occurred in those 15-24 years of age.
- Reports of chlamydial infection increased 23% over 1985. Females 15-24 years of age accounted for the greatest proportion of the reports.
- There were 2,199 cases of syphilis in 1986, down from 2,607 in 1985.

(Source: HWC, Canada Diseases Weekly Report, March 1988)

Alcohol and Drug Use

Alcohol and drug use are factors that can contribute to the risk of HIV transmission because they impair judgement needed to practise "safer sex" or to say "no" to sexual intercourse.

- 45% of 12-14 year olds surveyed in 1986 reported that they had a drink within the previous year, 82% of 15-17 year olds and over 90% of those 18 years and older had a drink in the previous year.
- In 1988, 29% of grade 11 males and 17% of female students used alcohol on a weekly basis; 41% of these males consumed 5 or more drinks at one time.
- In 1986, the proportion of young Canadians aged 12-29 who have ever used marijuana was steady at 44%.
- Repeat use of cannabis products increases from 3% for grade 7's to 25% for first year college/university students as surveyed in 1988.

(Source: A Summary Report on Tobacco, Alcohol and Marijuana and Norms Among Young People in Canada, Year 4, Gallup Poll, March 1986)

Street Youth

In the United States, an estimated one million teenagers run away or are "pushed out" of their homes each year according to the National Network of Runaway and Youth Services.

In Canada, in 1986, 484 teenagers were charged as Young Offenders for prostitution. In 1987, that number rose to 502.

(Source: The Uniform Crime Reporting Survey, 1986, 1987)

Other Risk Behaviours

The linkage between child sexual abuse and AIDS has been made by Jon R. Conte of the University of Chicago but data defining that connection is scant. Although there are no national statistics for child abuse and definitions and reporting methods vary, the Badgley Report claims that 1 out of 3 males and 2 out of 3 females are victims of unwanted sexual acts, with 80% of these acts occurring before the age of 21.

Other potential risks include transmission of HIV through infected needles used in piercing ears, tattooing and injecting steroids.

(Sources: NSBA, Reducing the Risk, 1989 and Health and Welfare Canada)

C. Knowledge, Attitudes and Behaviours of Canadian Youth

The Canada Youth and AIDS Study was released in December, 1988. Provincial/territorial data have been released in various ways by these authorities during the winter and spring of 1989. The following contact people are available in each of the provinces or territories if you wish further information about this study:

Newfoundland
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Northwest Territories
Helen Balanoff,
Health Education,
Northwest Territories,
Government of N.W.T.,
Yellowknife, N.W.T., X1A 2L9 Tel: (403) 920-8762

The following executive summary reports on the nation-wide findings of the study. The discussion of the educational implications of the report leads into a discussion of the appropriateness of the content of AIDS programs in the next section of the booklet.

A similar study of youth knowledge, attitudes and behaviour, the Alberta AIDS Survey, was done in December 1987. Its findings of a survey completed by 500 teens included the following:

- AIDS was the first health concern cited by teens surveyed.
- Almost one in four (24%) said they were extremely or very afraid about getting AIDS.
- 94% knew AIDS was a communicable disease, 54% knew that it was spread by a virus, 69% knew of the difference between having the HIV virus and having AIDS.
- Almost all teens correctly identified 3 of the 4 proven routes of transmission (sexual contact, transfer of blood, sharing of intravenous drug equipment). Three quarters of the sample knew that the AIDS virus could be transmitted from mother to baby during pregnancy.
- Knowledge that the virus is not transmitted by casual contact was lower, but ranged about 80% correct for different questions asked during the survey (from food, public washrooms, shaking hands, etc.).
- Teens, like the adults in a parallel survey, did not know whether you could catch the virus from kissing or from donating blood.
- Teens had knowledge of the level of risk associated with certain lifestyles (having many sexual partners, having sex with a homosexual male, having sex with a person who is an intravenous drug user).
- Most teens have knowledge of the means to reduce their risks (using condoms, sexual activity without intercourse, abstinence, etc.)

(Source: The Alberta AIDS Survey, December 1987)

CANADA YOUTH AND AIDS STUDY

EXECUTIVE SUMMARY

The *Canada Youth & AIDS Study* was designed primarily to determine what Canadian young people know about acquired immunodeficiency syndrome (AIDS) and other sexually transmitted diseases (STDs). Educating people about how to avoid behaviours that can result in transmission of the virus is the only strategy now available to control HIV infection. The information gathered in this survey presents, to those developing and implementing educational and social programs for Canadian youth, a clear view of what representative young people across the country now know about AIDS and other STDs, how accurate their information is, where they acquired their knowledge, and how that knowledge has affected their attitudes and their behaviours.

The numbers of young people who participated by completing questionnaires were 29,402 in Grades 7, 9, 11 and 6,911 in first year college and university; those who agreed to be interviewed were 1,033 secondary school dropouts (by telephone) and 656 street youth (in person). The total youth in this study was 38,002.

The Findings

Respondents, especially older adolescents, indicated a reasonably clear knowledge about what AIDS is and most knew how it is transmitted. Their knowledge about what action they should take to protect themselves from contracting or transmitting the virus was weaker. Respondents, including older adolescents, were not as well informed about other STDs as about AIDS.

These young Canadians cited television and print material most often as sources of AIDS information; high percentages indicated that television especially has been their main source of information. Those who learned about AIDS from television and friends possessed less accurate knowledge than those who cited school as their main source of information. Most would prefer to consult doctors/nurses, and to learn about AIDS and about other sexually transmitted diseases in school.

There was general anxiety among these young people about AIDS and evidence that they link AIDS and homosexuality; many, especially young men, have negative feelings about homosexuality. A small proportion of youth have positive attitudes toward people with the AIDS virus; for example, between 25 and 36 percent of in-school youth believed people with HIV infection should be allowed to serve the public, while between 11 and 14 percent of in-school youth believed HIV-infected people should be allowed to work in a hospital.

High percentages of the adolescents surveyed have had sexual intercourse at least once: one-quarter of Grade 9s (mostly 14 year olds), half of the Grade 11s (mostly 16 year olds), three-quarters of the first year college/university students (mostly 18 to 19 year olds) and 85 percent of school dropouts (16 to 19 year olds). Half of college/university students indicated they had sexual intercourse often. Three-quarters of all those surveyed condoned sexual activity before marriage.

We did not find many respondents who had modified their behaviours because of their knowledge about AIDS. Very few used condoms always or even most of the time; most expressed negative comments about them. Approximately 15 percent of the dropout and college/university respondents had engaged in anal intercourse at least once. Respondents, generally, were more concerned about a pregnancy that might result from sexual intercourse than they were about contracting a sexually transmitted disease.

The percentage of all respondents who believed they could keep themselves from contracting AIDS is very high (more than 80%), given the fact that equally high percentages of respondents admitted they need to know a lot more about AIDS.

Dropouts were more sexually active than youth in school and street youth more so than the dropouts. Both these groups reported alcohol and drug use that impairs judgement and likely make it more difficult for them to take precautions during sexual intercourse. Young people living on the streets more frequently engaged in behaviours during which they could contract a sexually transmitted disease--an overwheming majority of them reported interacting sexually with multiple partners and many use intravenous drugs (12%). A separate report will be issued in the spring devoted entirely to street youth and AIDS.

Educational Implications of the Findings

Up-to-date and accurate information about AIDS should be available to all Canadians and effective educational programs should be available to young people prior to and throughout their adolescent years.

Because the approach taken thus far to education about AIDS and other STDs has not resulted in behaviour change, we recommend that before widespread implementation there be developed, pilot tested and evaluated programs that include:

- factual, specific and explicit information presented by credible sources in a non-threatening atmosphere, and, in a context which links AIDS with other sexually transmitted diseases;

- helping Canadian youth initiate and maintain infection-avoiding behaviour, by assuming responsibility for their own well-being and that of their sexual partners;

- acknowledgement of the high level of sexual activity among young people and,therefore, education about responsible behavioural options;

- developing in young people the skills for responsible decision making and interpersonal communication;

- promotion of tolerance for homosexuals and compassion for people with HIV infection and AIDS; and

- material appropriately designed to reach school-age youth not attending school, including street youth concentrated in large cities.

...3

Recommendations

1. That the federal government provide clear, frank and complete information about the AIDS epidemic in Canada through regular media releases and information.

   That the efforts of the Federal Centre for AIDS (FCA) to produce and promote this type of information be supported, and that the FCA encourage medical authorities to interpret information for the public.

2. That the federal government initiate programs immediately in several communities to reach youth at risk of contracting AIDS. Provision to evaluate the success of these programs should be regarded as an important part of their implementation process.

3. That the provinces and territories make available to young people in theirjurisdictions structured courses, with the characteristics listed above. Our research showed that young people lack information about potentially harmful behaviours and effective protection against sexually transmitted infections. We stress their need for clear, frank and complete information about how to avoid contracting HIV and other agents of sexually transmitted diseases.

4. That the governments continue to acknowledge the role parents play in influencing their children and help parents become more effective sources of information about AIDS and other STDs. Parents should be kept informed through school-based programs designed to include them, government-sponsored programs, and through regular reports on the status of AIDS.

5. That college and university health services make available to students counselling and education about the risk of infection associated with unprotected vaginal, anal and oral intercourse.

6. That the federal government take an active role in determining research priorities.

Social Program Evaluation Group
Queen's University
December, 1988

D. The Content of AIDS/HIV Programs

All provincial and territorial jurisdictions in Canada have introduced AIDS programs for their schools. In almost all cases the programs are mandatory.

Usually the placement of those programs has been within optional Family Life programs, most often contained in optional health programs. The length of the AIDS programs vary between 4 and 10 hours of instruction.

Often, the school district has the discretion regarding the placement of the AIDS program and with some topics within the program.

In most cases, the AIDS information was presented within the context of other sexually transmitted diseases and sexuality. Most programs have references to topics such as homosexuality, abortion and contraception but the approaches are cautious and minimal. Abstinence is emphasized in all programs as the best means to avoid the AIDS virus but condoms are presented as a means to reduce the risk of AIDS. Some programs emphasize responsible decision-making.

Often the introduction of AIDS programs has coincided with overall reviews of family life and health education within the core curriculum.

(Source: Exchange '88: A National Exchange on Health and Social Issues in Education, Reference Binder presented to a national conference in Winnipeg, June 1988.)

AIDS Education: Applying Theory to Practice

The schools in Canada have done a remarkable job in responding to the AIDS issue. In an incredibly short time period programs have been developed, materials produced, teachers prepared and programs delivered. Preliminary studies indicate that knowledge levels of students about the disease are high and are increasing.

Having survived the crisis, it may now be the time to reassess our school programs and adjust them to better conform to rapidly developing learning and prevention theory about AIDS.

In some places in Canada, a legitimate question has been asked; are the increased levels of knowledge about AIDS having an impact on the health behaviour of youth? Are we, in fact, reducing the risk of spreading the disease?

This analysis has been provided to assist school leaders in assessing what they should do next in AIDS education. Have we dealt with the issue? Or are we wasting valuable curriculum time giving information to students who are continuing to place themselves at risk?

Health Education: Two Basic Concepts

Health Promotion: There has been a shift in emphasis within the health field. This shift is along a continuum of responses from treatment to prevention to promotion:

Treatment begins with the sick and seeks to keep them alive, make them well or minimize their disability.

Prevention begins with a threat to health, a disease or environmental hazard, and seeks to protect as many people as possible.

Promotion begins with people who are basically healthy and seeks to develop community and individual measures which can help them develop lifestyles that maintain or enhance the state of well being.

Comprehensive School Health: Schools have a role to play in health treatment, prevention and promotion, particularly in the latter two areas. In keeping with the shift away from treatment to promotion, schools should consider the value of comprehensive school health programs. Such programs include attention being given to instruction, a healthy environment and health services.

Various characteristics of effective comprehensive school health programs can then be attributed to these 3 basic components:

Instruction should include teaching strategies that allow for role modeling and practise of skills, well planned, sequential curricula, coordination with other subjects, effective in-service for teachers of the program, rich teaching and learning resources, class/school outreach activities and evaluation of learning outcomes obtained.

Health environment includes "awareness" in-service programs for all employees, serious review of the school facilities and procedures, involvement of parent, community and health professionals in school programs, coordination with community-based prevention or promotion programs, and worksite health promotion activities.

Health Services include appropriate classroom-based support, counselling from school guidance counsellors, appropriate services from school nurses and other specialists, and administrative leadership from the school district and school level.

E. Comprehensive School Health Education Programs Work

Recent significant research on school health programs has demonstrated that such programs, provided that they entail 40-50 hours of instruction, can

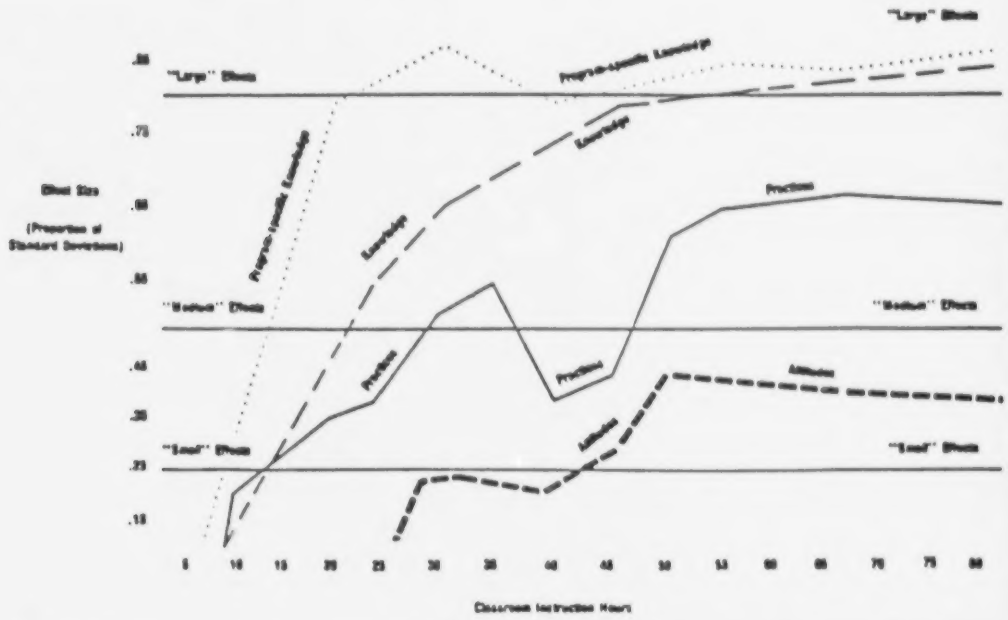
produce significant changes in health behaviours as well as knowledge and attitudes.

Findings of the School Health Education Evaluation (1984)

An extensive study of 30,000 students in 20 American states showed that school health programs affected knowledge, attitudes and behaviours as seen in the following chart:

(Reprinted with permission from the American School Health Association, Kent, Ohio)

Figure 6
Relationship of Effect Size and Instruction Hours for Health Knowledge, Attitudes, and Practices



320 • Journal of School Health • October 1985, Vol. 55, No. 8

Findings of the Metropolitan Life Study of 1988

A similar survey, done in May 1988, was completed by 4,738 students in Grades 3 to 12 from 199 public schools in the United States. The purpose of the study was to determine if comprehensive health education programs made a significant difference in student health behaviours, attitudes and knowledge.

The study found:

- As years of health education increase, students' health-related knowledge, positive attitudes and healthy habits also increase.
- 22% of students surveyed had little or no health education.
- 43% of students with only one year of health education have a drink sometimes or more often, that proportion decreased to 33% for students who have had health education for three years.
- 20% of students with one year of health education smoke a cigarette sometimes or more often, as opposed to 14% among those who had health education for three years.
- 13% of students having received health education for one year have taken drugs a few times or more; only 6% of those with three years of health education have done so.

(Source: Louis Harris, An Evaluation of Comprehensive Health Education in American Public Schools, Metropolitan Life Foundation, 1988.)

Findings of Other Studies

Recent findings from the San Francisco Unified School District - Department of Public Health Comprehensive AIDS Program Evaluation, using a pre-test, post-test design, showed that students who received AIDS instruction were significantly more knowledgeable about AIDS relative to a control group. Of particular importance, there was a substantial increase in knowledge about the efficacy of condoms as a means of prevention.

(Source: R.J. Di Clemente et al, "Prevention of AIDS Among Adolescents", Health Education Research, IRI Press Limited, England.)

The success of a school and community based health education program in South Carolina, also suggests that young people's behaviour can be changed. The program, which focuses on sex education, decision-making, communication skills and self-esteem, is considered responsible for reducing the teenage pregnancy rate by half between 1981 and 1985.

(Source: NSBA, Reducing the Risk, 1989)

F. Appropriate Goals and Content of AIDS/HIV Programs: The Issues

There are some considerable differences in the approaches being used in AIDS programs across Canada. Some are placed within the context of health

or family life programs, others are not. Some spend considerable time explaining the medical facts of the disease, others do not. Most appear to stress abstinence and most appear to present "safe sex" options albeit cautiously.

Program Goals

In keeping with the previous questions of whether AIDS education does indeed change behaviour, it is critically important that AIDS education programs focus on behavioural change. The following list of goals, suggested by William L. Yarber, would seem to be a basic starting point in defining program goals.

"Following AIDS instruction, the student will:

- Practice a sexual lifestyle that avoids exposure to the AIDS virus.
- Avoid sharing drug needles and syringes if using intravenous drugs.
- Be alert to one's health status relative to AIDS symptoms if one has practiced high risk behaviour.
- Seek medical advice if exposure to the AIDS virus is suspected.
- Avoid exposing others if an AIDS virus infection is suspected or diagnosed.
- Follow the physician's directions is one is diagnosed.
- Be helpful and supportive to a friend who has AIDS.
- Be an advocate of AIDS education, research, health care and the rights of those infected with the AIDS virus.

(Source: W.L. Yarber, AIDS Education: Curriculum and Health Policy, Phi Delta Kappa Educational Foundation, 1987)

Debra Haffner, in a report prepared for the Sex Information and Education Council of the United States, suggests similar behaviour-based goals for AIDS education programs:

First, programs should be designed to eliminate misinformation about HIV and to reduce the panic associated with the disease.

Second, programs should be designed to help young people delay premature sexual intercourse.

Third, teenagers who are sexually active should receive information and services so that they will use condoms each and every time they have any kind of intercourse.

Fourth, all AIDS education programs should warn children about the dangers of drug use.

Fifth, AIDS education programs should encourage compassion for people with AIDS and for people who are infected with HIV.

(Source: D.W. Haffner, "The AIDS Epidemic: Implications for the Sexuality Education of Our Youth", SEICUS Report, July/August, 1988)

Program Content

There is considerable agreement about what information or content should be contained in an AIDS education program. Most programs across Canada contain these elements:

1. Current information on the seriousness of the AIDS problem.

2. The cause of AIDS.

3. The frequency of AIDS cases by groups of persons.

4. How the AIDS virus is transmitted.

5. How the AIDS virus is known not to be transmitted.

6. Risk reduction related to sexual behaviour.

7. Risk reduction related to drug use.

8. What happens when a person becomes infected with the AIDS virus.

9. How an AIDS virus infection differs from having AIDS.

10. Symptoms of infection with the AIDS virus.

11. Learning if one is infected with the AIDS virus.

12. Avoiding the spread of the AIDS virus by infected persons.

13. What one can do to help stop the spread of AIDS.

14. Supporting a friend with AIDS.

15. How to get more information about AIDS.

(Source: W.C. Yarber, AIDS Education: Curriculum and Health Policy, Phi Delta Kappa Education Foundation, 1987)

This content has been broken down into age-appropriate concepts in most programs. Again, there is a considerable degree of consensus about what is appropriate for different grade levels. A good reference for this division of information by grade level can be found in; "Guidelines for Effective School Health Education to Prevent the Spread of AIDS, published by the U.S. Department of Health and Human Services, January 29, 1988.

In Canada, most provinces have developed junior and senior secondary programs which contain the type of information contained in the American guidelines. However, elementary school programs are just now being considered by several Canadian provinces and territories.

The Issues: Is It Time for a Second Look?

Each province or territory, many school boards, and, many schools have reviewed the curriculum issues which will be described in this section of the booklet. It is entirely appropriate that different communities came to different conclusions about these issues. Most jurisdictions dealt with these issues as they developed and implemented AIDS programs in a very short period of time.

However, we are now in a position to assess the impact of those programs. What are the evaluations telling us about the knowledge, attitudes and behaviours of students who have gone through the programs? We also have the data from the Canada Youth and AIDS Study. What are the implications of this information?

These issues are:

1. Moral Issues in Teaching About AIDS

Should AIDS education programs take the stance that sexual activity should only occur within the context of marriage or monogamous relationships? Is this stance appropriate in the light of studies showing the extent and nature of sexual activity of youth and adults? Should morality about AIDS be discussed within the context of spiritual or religious values?

2. Explicitness of Materials

How explicit should the program's vocabulary and audio-visual materials be?

3. Presentation of Prevention Methods

Most programs present sexual abstinence and marital fidelity as the most effective means of prevention. Most programs present the use of condoms as a means to reduce the risk. Is the balance between the options presented appropriately?

4. Issues Related to Sexuality

Many programs, many school boards, many schools and many teachers seek to avoid a discussion of sexual issues such as homosexuality, abortion and certain sexual practices. Many programs leave the choice about such issues to school boards, school principals or to teachers. Is that sufficient?

5. Promoting Attitudes Conducive to Preventive Behaviour

Most programs make reference to decision-making skills in their objectives. Do all such programs include opportunities for students to practise such skills? Do such programs make extensive use of role playing, scenario-writing, simulations and discussions or "trigger" videos? Are concepts such as peer influence and assertiveness training built into such programs?

6. Selecting Instructional Materials

Most provinces and territories have supplied materials to school districts for their AIDS programs. The initial challenge was to locate contemporary,

Canadian materials. Has the challenge been overcome? Are there adequate materials for all grade levels? for all students?

7. Placement of AIDS Programs in the Core Curriculum

Most Canadian jurisdictions have decided that AIDS education will be mandatory. There is consistent advice from the research and practice recommending that AIDS is best taught within the context of a comprehensive school health curriculum, specifically within a Family Life/Sexuality program. But many jurisdictions have not mandated such health programs, particularly at the secondary level.

G. Some Suggestions for a Revised Content of AIDS Programs

The theory and research underlying AIDS education is expanding at a rapid rate. This section of the booklet presents the analyses and suggestions derived from learning, health promotion and prevention theories. Essentially, we have summarized two important articles published since most AIDS programs were produced in Canada.

Implementing a Health Promotion/Comprehensive School Health Strategy

Allensworth and Symons suggest that AIDS programs must apply principles related to learning and behaviour change. Due to the complexity of influencing contemporary adolescent sexual behaviour, a multidisciplinary, health promotion approach should be used which includes policy development, direct interventions, instruction, environmental support, media, role modelling and social support. Consistent, continuous messages through multiple channels (school, home, community and media) by multiple agents (parents, peers, teachers, health professionals) need to be provided.

Applying Walberg's analysis of causal influences on student learning, Allensworth and Symons present the following significant concerns about current AIDS programs:

1. The "abstinence" or "just say no" models used by sexuality or drug abuse programs prove minimally effective in secondary schools because adolescents are, at that stage of their development, asserting their own value system within the context of strong peer influence. Are we making the same mistake with current AIDS programs?

2. Research has demonstrated that students with low self-esteem are more likely to display dysfunctional behaviour. Are we emphasizing self-esteem in current AIDS programs?

3. Research has demonstrated that 40-50 hours of health instruction are required to change behaviour. Most Canadian AIDS programs range from 4-10 hours. If the AIDS programs are not implemented within the context of a health program of 40-50 hours, do we have any hope of changing sexual behaviour?

4. Quality instruction is grounded in fundamental principles such as structuring learning activities in the cognitive, affective and behavioural domains, attending to Bloom's taxonomy of the hierarchy of learning and to responding to the heterogeneous nature of public school populations. However, much classroom time is spent on content mastery in the cognitive domain, which focuses principally on recognition and comprehension rather than application and synthesis. Do current AIDS programs suffer from the same weakness?

5. Presenting information about AIDS is not sufficient. Instructional goals also must include skill development as a means to decision-making, behaviour change and social action. Do current AIDS programs emphasize skills such as refusal, assertiveness, peer pressure management, communication, decision-making and esteem enhancement?

6. Support provided by the home, community and the media reinforces the educational messages in the classroom. Are current school-based programs coordinated with programs to influence the home, community and the media?

(Source: D.D. Allensworth and C.W. Symons, "A Theoretical Approach to School-Based HIV Prevention", Journal of School Health, February, 1989)

Flora and Thoresen draw upon theories of prevention and social marketing to make suggestions about AIDS programs. They suggest:

1) Utilization of focussed skills training in AIDS programs;

2) focus on specific problem situations;

3) Use of peer leadership and counselling programs.

(Source: Flora and Thoressen, "Reducing the Risk of AIDS in Adolescents", American Psychologist, November 1988)

SOCIAL MARKETING

Social marketing is "the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communications, distribution and marketing research."

(Source: Health Promotion, Special Theme Issue, Winter 1988-89).

Social marketing starts with an analysis of the potential targets of the message, rather than in concentrating on the message itself. Such marketing emphasizes that different "markets" or groups of students are "reached by different "messages".

Flora and Thoresen suggest that marketing research (Eg. focus groups) should be used to identify the "messages" that would be understood by different students.

To date, most AIDS programs have attempted to reach all students with the same messages. Social marketing suggests diverse messages being delivered through different routes.

H. A Realistic Role for Schools

In partnership with their community and in support of the role of the family, schools have an important role to play in responding to AIDS. They should:

- Provide instruction to students which promotes healthy lifestyles, self-esteem, responsible decision-making and the avoidance of behaviours which increase the risk of being infected with the AIDS virus.
- Train their employees to take the necessary health and safety precautions in order to provide a safe learning environment for students.
- Ensure that all employees are adequately prepared through in-service programs in order to fulfill their respective roles in teaching, counselling or providing other services related to AIDS.
- Provide information and initial personal counselling to students seeking advice about AIDS or related matters as well as provide information or referrals to other agencies in the community.
- Establish employment practices which support employees and their families in the event that they become infected with the AIDS virus.
- Continue to provide instruction and support to students infected with the AIDS virus in accordance with advice from public health officials.
- Cooperate with other agencies in the community in the prevention of AIDS.
- Seek to ensure that persons with AIDS are treated in a fair and compassionate manner by society.

I. Overcoming External Constraints Hindering the Response of Schools

There are a number of factors, external to the school district, which will hinder the response of schools to AIDS. Such constraints should be recognized and plans made to overcome their impact in your school.

1. Avoidance of the Issue

Although the vast majority of schools in Canada have benefitted from active and positive leadership from school leaders, there is still a need to ensure that your local school community has addressed the issue before an inadvertent disclosure creates a crisis.

2. Misinformation and Media Hype

There continues to be public misconceptions about the transmission of the AIDS virus which will only be dispelled by detailed, accurate information. By providing that information to parents, church leaders, and other influential members of your community, your school will perform a valuable public service.

As well, incomplete or distorted coverage in the media about AIDS or AIDS programs can destroy your school's efforts. Being pro-active and taking the initiative to inform the local media about AIDS, with the help of the public health officials, will place your school in the best possible position.

3. New Information

Almost daily, there are media reports about AIDS. Educators must keep abreast of the latest developments and ensure that they have access to reliable, up-to-date information. Instructional staff should be able to contact public health officials directly with specific enquiries.

4. Moral and Religious Concerns

AIDS education may become a target for attacks by individuals or groups who object to the discussion of sex, condoms and other behavioural issues in schools. Reactions may also occur to specific materials or the appropriateness of the curriculum to certain grade levels.

The best strategy for school leaders is to ensure that all sectors of the community are well informed about the program. Most churches have taken positions supporting AIDS education. Local clergy should be informed about the program.

In Ontario, for example, the Institute for Catholic Education has developed materials to implement the Ontario curriculum in that province's Catholic schools.

5. Concerns about Homosexuality

Resistance to AIDS education can arise from concerns and fears about addressing homosexuality in the classroom. Parents may be willing to acknowledge the possibility that their adolescent children may experiment with homosexuality. On the other hand, many young people believe incorrectly that they are immune to infection if they are heterosexual.

As well, students who consider themselves homosexual or who have friends or family members who are homosexual need to have their questions answered in a climate that emphasizes that it is not who you are that creates the risk but what you do.

6. Attitudes about Sexuality

Since sexuality is a private matter, there is often a reluctance from some that sex education should be offered at school. Public opinion polls clearly show that most parent do want such program.

School administrators should emphasize that parents will continue to be the primary educators of their children about sex. They should point out that school programs attempt to dispel misinformation provided through the media or by the peers.

7. Uncertainty about Appropriate Instruction

A previous section of this booklet discusses the appropriateness of the content of programs at some length from the perspective of the educator. The following 1988 Gallup Poll results show the perspective of the American public:

At what age should students begin participating in an HIV education program?

	National	Public School Parents	Non-Public School Parents
Under 5 years	6	5	11
5-9 years	40	43	42
10-12 years	40	39	32
13-15 years	10	11	13
16 years or older	1	1	1
Don't know	3	1	1

Should the local public schools teach what is called "safe sex"for HIV prevention or should they not?

	National	Public School Parents	Non-Public School Parents
Should	78	81	82
Should Not	16	16	15
Don't Know	6	3	3

8. Concern about the degree of explicitness

Disagreement may occur in a community about how explicit the AIDS education program should be. Advice from public health officials consistently advises that the information should be given in as frank and open a manner as possible.

However, in some communities this may be difficult.

A successful strategy to overcome this community concern is to use public health personnel such as nurses to introduce the program or to be present in classes discussing certain topics.

9. Unprepared or unwilling teachers

The best way to approach staff training about AIDS education is to first involve the entire staff in awareness or information sessions. Then specific sessions can be organized for teachers who will deliver the program.

Even with preparation, some teachers may continue to be uncomfortable teaching about AIDS. Alternatives include team teaching assignments, and the use of public health personnel. It is not advisable to require a teacher to deliver AIDS education programs. (Please see other advice in this booklet on selecting teachers for AIDS programs.)

10. Parental objections

Most Canadian jurisdictions allow individual parents to exclude their children from AIDS education programs. Such a provision often defuses any opposition to the program.

New Brunswick uses an "opt-in" formula, whereby, parents sign a form saying that they want their child to receive sex education. This procedure has been very successful as well.

(Source: Adapted from NSBA, Reducing the Risk, 1989.)

J. Overcoming Internal Constraints Hindering the Response of Schools

There has not been any comprehensive study in Canada documenting the incidence or impact of constraints within the school system which limit AIDS education. However, an informal survey and seminar used to prepare for a national conference identified the following issues and problems. Each school principal will have to assess the relevance of these factors to their own situation.

1. General Considerations

a) Controversial, value laden issues, associated with AIDS have "politicized" the development of school responses.

b) Educational policy has narrowly focussed on developing short-term AIDS programs and defining procedures to manage students or employees infected with the AIDS virus. Policy makers need to address the role of the school in dealing with such health and social issues.

c) AIDS programs were developed without the benefit of comprehensive research on AIDS and sexual behaviours. These programs need to be updated in the light of new "baseline" studies and research on prevention.

d) AIDS programs have been primarily aimed at all students. Few programs exist for groups which practise high risk behaviours.

e) There is uncertainty about how schools can address the issues of death and sexuality. How can schools "teach compassion"?

2. Policy Development

a) There is a lack of research about school board policies on AIDS.

b) There are few model school board policies available which address the issue of aids in a comprehensive way. Most policies are, in fact, procedures to manage infected students or employees.

c) Policy decisions which place AIDS programs within Family Life or Health Curricula still need to be made in many jurisdictions.

3. Research

a) There are insufficient numbers of evaluations of AIDS programs, particularly in regards to their impact on behaviours.

b) Studies which demonstrate that sex education programs do not increase sexual activity need to be disseminated.

c) There are few studies showing how "high risk" populations such as "street youth" should be reached by AIDS education programs.

d) There are few, if any, case studies which offer advice to administrators on how to manage inadvertent public disclosure of students or employees infected with the AIDS virus.

4. Programs

a) Consensus "curricula" have sometimes avoided basic health issues associated with AIDS.

b) Many AIDS programs describe goals for decision-making, self-esteem and other life skills in vague terms. No specific learning outcomes are described so it is impossible to determine if the objectives are achievable. Further, most testing and evaluation concentrates on the retention of knowledge or information.

5. Materials

a) There is a lack of linguistic and culturally-adapted videos for secondary students.

b) There is a lack of defined criteria by which teaching/learning materials could be evaluated.

c) There is no clearinghouse for educational information of which educators are sufficiently aware.

6. Professional Development

a) There is no systematic method by which most educators in Canada can access the latest information about AIDS.

b) To date, in-service programs have only prepared teachers who are delivering the program. All employees should have a basic level of awareness and information. School principals, counsellors and school district personnel should receive specific training related to their duties.

7. Procedures

a) School district liabilities and the legal aspects of AIDS issues need to be more clearly explained.

8. Employment Practices

a) There are few readily accessible models of how school jurisdictions have modified their employment provisions in order to provide support to employees infected with AIDS.

9. Community Development/Public Awareness

a) Most responses to the AIDS issues have involved only "mainstream" groups and organizations. There is a lack of input from minority viewpoints in the decision-making process.

b) There are few, if any, models of public awareness campaigns which have been carefully integrated with the development or introduction of school-based programs.

(Source: Exchange '88: A National Exchange on Health and Social Issues in Education, Conference in Winnipeg, June 1988.)

K. Working with your Community to Prevent AIDS

Schools cannot be expected to alter the lifestyles of young people unless school-based programs are part of an overall, community-wide effort.

At the same time, school leaders cannot abdicate their responsibility to be part of the community. If no concerted community program is underway,

educators can and should be in the forefront initiating or encouraging such endeavours.

A Rationale for Community-Wide Prevention

The reduction of risks in catching the AIDS virus involve complex and deeply-imbedded social norms and mores. Therefore, all sectors of the community must be involved in the response.

The Targets of Community Programs

It is important that community prevention programs define their "targets" as specifically as possible. The following chart identifies potential recipients and participants as well as the nature of activities relevant to that sector of the community.

Target	Types of Prevention Activities
Individuals	Pamphlets, advertising, community, television, etc.
Families	Family kits, adaptation of health services
Schools	Instruction, healthy environment, health services
Colleges	Instruction, "Action Research", healthy environment health services
Universities	Instruction, primary research, healthy environment, health services
Worksite	Pamphlets, awareness session
Displaced Youth	Self-help programs, "Street Counselling" referral services
Mass Media	Professional development, awareness activities
Retail Stores	Advertising
Local Government and Institutions	Legislation, policy, funding, services
Voluntary Organizations	Awareness sessions, speakers, fundraising activities
Professionals	Pamphlets, professional development

Some Examples of School/Community Activities

The following list of possible joint school-community AIDS prevention activities has been adapted with permission from "A Theoretical Approach to School-Based HIV Prevention", Journal of School Health, February 1989.

Policy

- The School Board Policy is developed and endorsed by a community task force.
- The School Board initiates the development of a community task force on AIDS if none exists in their community.

Environmental Change

- All community agencies cooperate to raise AIDS awareness via posters, displays and exhibitions.
- The community clinic is encouraged to display and openly promote condom distribution in the community.

Media

- PSA's are developed for radio, TV and the newspapers.
- Community television programs cover the AIDS topic from a local perspective.
- Local media report on school's program on AIDS.
- A parental task force is created to advocate for the depiction of responsible sexual activity in the media.

Direct Interventions

- High risk populations in the community are identified by health, social service and school personnel for specific programming.
- School and community referral procedures are coordinated.
- Local clinics are encouraged to provide confidential and anonymous HIV testing and counselling.

Role Modelling/Social Support

- Agencies in the community, including schools, coordinate support networks for infected persons.

Instruction

- School Board develops pro-active stance providing rationale for AIDS program.
- School principals contact parent groups to explain policy and program.
- Schools provide information sessions to parents.
- School site used (in some communities) as site for distributing information on AIDS (Eg. isolated communities).
- Schools call upon resources of public health officials, gay community, local physicians, nurses, social workers, professional associations.

- Schools coordinate or initiate AIDS awareness programs among religious or youth-serving organizations.
- Schools encourage youth to organize performing arts groups to assist in AIDS prevention.

L. Recent Events Across Canada

In comparison to almost any other issue, the response of Canadian schools to the AIDS issue has been remarkable for a number of reasons.

First, the speed at which changes took place within the last two years, AIDS curriculum units were designed and introduced in almost all schools, materials were developed, videos produced and policy guidelines regarding the management of infected students or employees were issued.

Second, there was extensive collaboration between health and education departments, as well as, among education stakeholders. Interministerial or inter-group advisory committees developed policy and conducted public awareness campaigns.

Third, the landscape on community and school responses to issues such as sexuality, family life and health programs shifted overnight. Whereas before researchers had been prevented from asking questions about youth sexual activity there was a demand for the study to be done immediately. Family life programs became accepted by communities whereas before there had been reluctance to proceed.

Events continue to move quickly across the country.

Canada Youth and AIDS Study (December 1988) this study provides "benchmark" data against which AIDS program evaluations can be assessed.

New Materials

A variety of videos, pamphlets and studies are being produced. Please see the inventory included in this booklet.

Canadian Public Health Association Clearinghouse Upgraded

The Canadian Public Health Association has been commissioned by the Federal Centre for AIDS to expand the capacity of its clearinghouse. For further information contact Dr. David Walters at (613) 725-3769.

National Consultation of Education Community Completed (April 1989)

The Canadian Education Association was commissioned by the Federal Centre for AIDS to conduct a national consultation involving ministries of education, school trustees, principals, teachers, parents, guidance counsellors and other national or provincial organizations.

Joint Federal/Provincial Seminar on AIDS Education (May 1989)

The Council of Ministers of Education, Canada is organizing a joint seminar with the Federal Centre for AIDS to determine future areas of collaboration.

School Boards Developing Policies

Many school boards across the country have adopted policies on AIDS, dealing with the management of infected students or employees and the introduction of AIDS programs.

Canadian Teachers Federation Policy Model Adopted

Over two years ago, CTF adopted a policy which has been adopted by most teacher organizations and was often cited by ministries and school boards in developing their respective policy statements.

Elementary, College Programs and Materials Being Considered

Several jurisdictions in Canada are considering what should be taught to elementary and college students.

Coordination Mechanisms Established

Almost all of the jurisdictions in Canada have established inter-ministry committees, some of which included education stakeholders. These committees are still in place and are working on different aspects of the AIDS issue.

Superintendents Association Develops School/Community Policy Model (September 1989)

The Canadian Association of School Administrators has received a grant from the Federal Centre for AIDS to develop a school/community policy model.

As stated earlier, the pace of these changes has been remarkable. But, is this a time for complacency? Can we say that schools have successfully addressed the AIDS issue?

In the opinion of this author, here are some of the significant questions which we face in school-based AIDS education.

1. Will we continue to teach about AIDS in isolation? (through a short, mandatory, curriculum unit that is not necessarily placed in a comprehensive, mandatory curriculum dealing with the healthy development of children), or, will we develop a coherent, curriculum which allows us to respond to all health and social problems?

2. Will we develop diversified, special programs to reach students engaged in high risk behaviours?

3. Will we continue to avoid basic issues associated with sexuality (condoms, homosexuality, etc.) in the official curriculum leaving teachers to improvise in the classroom?

4. Will our policy responses go beyond approval of a short curriculum unit and management guidelines for infected persons? Will schools help their communities develop an overall response to AIDS?

5. Will schools continue to be required to find the time in an overcrowded curriculum? Or, will we restructure the curriculum to allow for proper implementation?

6. Will we benefit from assessments of the impact of AIDS programs on student behaviours collected in comprehensive evaluations? Or, will we continue to measure primarily the retention of knowledge?

7. Will we have access to descriptions of what is actually occurring in policy development and implementation at the school level?

8. Will the interministry or inter-group committees across the country be enabled to broaden the scope of their activities to address the broader social issues surrounding AIDS?

9. Will all school employees eventually benefit from awareness sessions about AIDS? Will school administrators and counsellors receive specific training about their roles?

3. Preparing Your School

3.1. Introduction to This Section of the Booklet

The format of the material prepared for this section of the booklet is different from the other sections. Many of the topics in this section are addressed by presenting a guide or set of questions which will help you prepare your school for the AIDS issue.

We start with an overview of the school. How prepared is your school generally, to deal with health issues? We then present a number of guidelines to assist you in deciding how you want to change things in your school to meet the challenge of the AIDS issue.

Significant sources of information are also provided in this section of the booklet.

A. How Prepared is Your School for Health Issues?

Prior to assessing the readiness of your school for the AIDS issue, it is advisable that you consider the topic of preparedness of your school for health issues in general.

The following guide has been adapted from a kit produced by the American School Health Association.

A GUIDE FOR RATING YOUR SCHOOL HEALTH PROGRAM

How does your school rate? Can it pass a school health inspection? The checklist below will help you evaluate the school's quality.

Instruction	Yes	To a Degree	No	Change Needed
1. Does the school system have a designated health curriculum?				
2. Do your elementary teachers have a sufficient background in health content to adequately teach health instruction?				
3. Are there ample in-service opportunities for teachers to upgrade their skills in health instruction?				
4. Are teachers with a degree in health education employed for grades 7-12 to teach health education?				
5. Is there designated time for health instruction K-6?				
6. Is there a required health education course for graduation 7-12?				
7. Are funds budgeted annually to purchase health instructional materials?				

Health Services	Yes	To a Degree	No	Change Needed
1. Does your board make available to your school the services of: a. a school nurse? b. a physician? c. a dentist? d. a psychologist? e. a social worker?				
2. Does your school have a mechanism by which indigent children can receive health care?				
3. Does your school system require immunizations prior to entering school?				
4. Does your school system require that students need their immunizations up to date?				

5. Does your school recommend a medical examination prior to entering school?

6. Does health counselling occur with students and/or parents as a follow-up to health screening and medical examinations?

7. Does the school nurse help handicapped students plan individualized programs of study, as necessary?

8. Are the special needs of handicapped students met with regard to health services?

9. Are school personnel trained in first aid and emergency procedures?

10. Is there an established written policy to be followed in case of accident, illness or disaster?

11. Are school health services adequately funded?

School Health Environment	Yes	To a Degree	No	Change Needed
1. Does the school meet provincial and local environmental health construction standards?				
2. Is the building and equipment kept clean and in good repair?				
3. Does the Structure of the building facilitate access to handicapped students? (Ramps, lavatories, etc.)				
4. Are there periodic inspections of the school environmental facilities?				
5. Are established safety policies maintained?				
6. Is there good rapport between pupils, teachers and administration?				
7. Is a positive emotional climate conducive to learning maintained?				

8. Does your school board have a policy on comprehensive school health?

9. Is your school board involved with other community agencies in health promotion or in preventing certain diseases?

(Reprinted with permission from A Healthy Child: The Key to the Basics, American School Health Association, 1983, Kent, Ohio)

B. Components of a Comprehensive School Health Program Regarding AIDS: A Readiness Checklist

The following checklist has been prepared from a variety of sources in order to provide a readiness checklist for school principals.

By completing the checklist which follows school, school principals will be able to assess their readiness in responding to the issue of AIDS.

Components of a Comprehensive School Health Program Regarding AIDS

(Adapted from: Carlyon P., Physician's Guide to School Health Curriculum Process, American Medical Association

Allensworth & Symons, "A Theoretical Approach to School Board HIV Prevention", Journal of School Health, 1989

OCSOA, Developing Supportive Policies Procedures on AIDS, Ontario Catholic Supervisory Officers Association, 1988.)

A Readiness Checklist

Instruction

1. A planned, comprehensive school health program is in place. ___

2. The AIDS program is presented in a manner to emphasize responsible decision-making, specific skills development, self-esteem, rather than bio-medical knowledge. ___

3. Realistic learning objectives have been established for all grade levels. ___

4. The AIDS program is presented within a Family Life curriculum or program. ___

5. Specific programs are being introduced for "high risk" students (Eg. drop-outs, hemophiliacs) and are available to the school. ___

6. The opportunities to teach about AIDS in other subject areas have been identified (Eg. Phys. Ed., English, Biology, Social Studies, Economics) and teachers have been encouraged to use specifically prepared materials. ___

7. The school board or ministry has established a policy regarding the use of body fluids or human tissue in science courses and laboratory sessions. ___

8. Specific safety procedures have been introduced for the physical education program. All staff and coaches have been trained in the use of these procedures. ___

9. Specific safety procedures have been introduced, where appropriate, for special education classes. ___

10. Resource materials have been developed in consultation with teachers and parents. ___

11. Resource materials are available in sufficient quantities. ___

12. Teachers presenting the AIDS programs have attended workshops specifically designed to prepare them for this purpose. ___

13. Arrangements have been made to use local public health personnel or other community resources in presenting the program. ___

14. A presentation has been made to the parent advisory committee about the program. ___

15. An information meeting has been held for parents and the community about the program. ___

16. Materials congruent with the school program are available for use at home by families. ___

17. School staff conduct themselves in a manner showing a role model that is sympathetic to people infected with the AIDS virus. ___

18. Student groups have been encouraged to address the topic of aids in appropriate extracurricular activities (Eg. articles in the student newsletter, presentation by drama club, etc.). ___

19. Suggestions have been developed, distributed and discussed by all teachers on classroom and school management procedures to deal sympathetically with HIV infected students. (This is best done in context of preparing for all infectious diseases). ___

20. The school has participated in special activities to promote awareness about AIDS. (Theme weeks, health fairs, etc.) ___

21. A peer counselling program on responsible, sexual decision-making and substance abuse has been introduced. ___

Environment

1. The school board has adopted an AIDS policy that covers instruction, training, professional awareness, counselling and referrals, employment practices, management of infected students and employees, cooperation with other agencies, school-based interven-

tions to support infected persons, evaluation, implementation and communication of the policy. ___

2. The school board policy on AIDS has been explained to the community. ___

3. The school staff and parents have been informed of the school board policy on AIDS. ___

4. Procedures have been established to ensure that adequate precautions have been taken regarding transmission of the AIDS virus. (This is best done at the same time for all infectious diseases.) ___

5. First Aid kits with appropriate equipment such as plastic gloves, cleansing solution, etc., are readily available at appropriate locations in the school. ___

6. School food service personnel have been informed of any procedures relevant to their work in regards to cuts and abrasions. ___

8. Safety procedures and equipment in all laboratories have been reviewed and revised. ___

9. Playground supervision procedures have been modified appropriately. ___

10. The local media has been informed of the goals and content of the AIDS program. ___

11. Public health officials and concerned community groups have been informed of the goals and content of the AIDS program. ___

12. The school district and schools are involved in school/community AIDS prevention activities. ___

13. Awareness and information sessions have been held for all school staff. ___

14. Specific training has been provided to the school nurse, school counsellor, school secretary and school janitor. ___

15. Appropriate procedures have been defined for an inadvertent public disclosure of the presence of a student or employee infected with the AIDS virus. ___

16. The school principal has received specific advice regarding public liability and legal issues. ___

17. Posters and brochures on AIDS are available and accessible in the health office of the school. ___

18. The school nurse has issued regular updates on AIDS to the school staff. ___

19. Clear procedures and support services are defined to assist employees and their families in the event they become infected with the AIDS virus. ___

20. Appropriate changes have been made to school district employee assistance/wellness programs, collective agreements or personnel policies. ___

Health Services

1. Appropriate directions have been given by the school district for appropriate observation of students or staff. ___

2. Counselling is available for physical and emotional problems of students and families, with appropriate referral and follow-up with other agencies. ___

3. Teachers have been advised of the availability of appropriate referral services. ___

4. Procedures for referral for anonymous tests by the public health officials have been established. ___

5. Clear procedures have been established about communications with the public or parents. Such procedures protect the confidentiality of individuals and inform only those who "need to know" about individual cases. ___

6. The school nurse is authorized to distribute condoms or there is a clearly, identified agency in the community to refer students to when they make requests for information or services regarding sexual matters. The role of school staff has been clearly defined by procedure for such matters. ___

7. The school nurse and school counsellor are aware of community services providing anonymous testing for the AIDS virus and are authorized to refer students to those services. ___

8. The school nurse and school counsellor are aware of community self-help groups and are authorized to refer students to these services. ___

9. The role of the school counsellor in advising students about AIDS, STD's and other related issues has been clearly defined. ___

10. The school nurse and school counsellor are aware of community and health care networks active on the AIDS issue. ___

11. The school district has established an emergency response team to provide support to students, employees, staffs,and schools affected by an inadvertent public disclosure of an AIDS infection. ___

12. The principal, school nurse and school counsellor are aware of procedures foremergency responses caused by inadvertent public disclosure of an AIDS infection. ___

13. There are clear procedures for communicating with the public health officer through school district supervisory staff in the event that a staff member becomes aware of a student or employee infected with the AIDS virus. ___

C. Choosing or Evaluating an AIDS Program

Most schools in Canada will be working with AIDS programs that have been developed by their respective Departments of Education or school districts. In many situations, there is considerable latitude in regards to supplementing the standardized program. Further, many jurisdictions are in the process of evaluating or revising the new programs they introduced a year or two ago.

Therefore, this section of the booklet has provided advice from different sources on the nature of AIDS programs. School principals are in a position to determine the validity of this advice for their school, and consequently, to seek changes in the programs which their staffs are required to deliver.

Readers should refer back to the previous discussion of The Content of AIDS Programs (Section D of the chapter on Background Information). The value of a comprehensive school health approach appropriate goals and an overview of suggested content of the programs were presented at that time. As well, key issues associated with the content of AIDS programs were described in the context of a question asking if current programs needed to be revised or modified.

This section will provide advice about more detailed aspects of the AIDS curriculum or program.

AIDS education is, essentially, another form of lifeskills education. There are a number of questions which can be asked in order to evaluate such life skills programs. The following list was developed by a working group of experts who were examining programs dealing with substance abuse. However, the questions are equally applicable to AIDS.

Criteria For Judging Life Skills Programs.

1. PROGRAM DESIGN

a) Aims and Objectives

1. Is the target group clearly defined?
2. Are the goals clearly outlined?
3. Are the goals realistic (achievable)?
4. Are the objectives clearly outlined?
5. Are the objectives realistic?
6. Are the objectives student focussed?
7. Are the aims and objectives compatible with the resources, learning methods and activities and evaluation methods used?

b) Program Development

1. Why was the program developed?
2. How was the program developed?
3. Was the program developed based on an accepted curriculum model?
4. Was the program pilot tested and revised?
5. Was the revised program pilot tested?
6. Was the program evaluated (both formative and summative) and are the evaluation results available?
7. Is the program developed according to accepted growth sequence based on child development theory?
8. Are the issues addressed and activities age appropriate?
9. Is there sequencing in terms of knowledge, affect and skills?

c) Program Format

1. Does the program take a generic or comprehensive lifeskills approach?
2. Does the program cover all grades?
3. Is the program able to be integrated into the curriculum?
4. Is the program sequentially structured?
5. Is there continual reinforcement of the concepts, knowledge, skills, attitudes and behaviours?
6. Does the program provide for peer support and cooperative learning?
7. Is the program structured to model the behaviour for the students?
8. Is the program flexible enough to be adapted to student, school and community needs?
9. Is there a process by which students can identify their own needs?
10. Is the program flexible enough to be culturally sensitive to a wide variety of cultures and beliefs?
11. Does the program encourage the transfer of concepts, knowledge,skills, attitudes and behaviours from one situation to another?
12. Does the program help cope with environmental pressures by helping establish a caring environment?
13. Is the program process congruent?

d) Program Structure

1. Does the program have cognitive, affective and transformational aspects?
2. Does the program allow for peer support and cooperative learning?
3. Does the program allow for application through rehearsal or practice time?
4. Does the program have a cognitive section on the issues of concern, as identified in the needs assessment?
5. Are communication skills a part of the program?
6. Are decision making and/or problem solving skills a part of the program?
7. Are assertiveness training and resistance/refusal skills a part of the program?
8. Does the program examine social influences related to specific issues (Eg. tobacco use, alcohol use, eating disorders, sexuality)?
9. Does the program examine social consequences of specific behaviours (Eg. tobacco use, alcohol use, etc.)?
10. Does the program examine physical consequences of specific behaviours (short term and medium term)?

e) Professional Training

1. Is there a professional training program or module available?
2. Does the training demonstrate behaviour for the instructors/facilitators being trained?
3. Does the training program allow for application through practice/rehearsal time?
4. Is there follow up support available for instructors/facilitators?

f) Program Packaging

1. Is the program package attractive to students, teachers, parents and community?
2. Is the format/layout easy to use, "teacher friendly", without many hours of preparation time?
3. Are there a variety of activities to choose from to allow the program to be tailored to the students?
4. Is the reading level appropriate?
5. Are resources readily available?
6. Are resources Canadian based in experience and appearance?
7. Are resources culturally sensitive and relevant?
8. Are related resources age appropriate?

2. APPLICATION TO LOCAL SETTING

a) Needs

1. Has the need for such a program been identified in the local community/school?
2. Is there a mechanism/tool available to use community/school needs assessment?
3. Is the program flexible enough to adapt to community/school needs?
4. Is the program available in the language needed (English, French, other)?
5. Is the program relevant to Canadian culture (adaptable to multicultural milieu)?

b) Curriculum

1. Will the program fit into existing curriculum?
2. Is the program able to be integrated into the curriculum?
3. Will the program require "dropping" or giving up time from existing programs or "essentials"?

c) Political

1. Is there community support for the program?
2. Is there parental support for the program?
3. Is there trustee/school board support for the program?
4. Is there opportunity for community/parental involvement?
5. Is there opportunity for sustained leadership in this area?

3. COST OF PROGRAM

a) Direct Cost

1. What does it cost to purchase the program?
2. Are the resources included in the cost?
3. Are the resources consumable?
4. How much training time and/or in-service time are required?

b) Indirect Cost

1. How much does it cost to eliminate existing programs or resources?
2. What are the costs of maintaining the program over time?

4. EVALUATION

a) Previous

1. Is there evaluation data available?
2. What type of evaluation has been done?
3. What does the data show?

b) Program

1. Are evaluation tools part of the program design?
2. Do the evaluation tools address the psychosocial (attitudes and beliefs) as well as the cognitive and affective areas?
3. Does the evaluation plan address both formative and summative questions?
4. Does the evaluation plan require a great many resources (internal and external)?
5. Are the evaluation methodologies congruent with the aims and objectives?
6. Are the evaluation methodologies congruent with the instructional methodologies of the program?
7. Do the evaluation methods deal with short, medium and long term goals and outcomes?

5. MANAGEMENT SYSTEM

a) General

1. Is there a management system available to diffuse the program?
2. Does the system provide for teacher/facilitator training?
3. Does the system provide for updating materials and resources?
4. Does the system help with evaluation?
5. Will the program and its components be available over a period of time?

b) Local System

1. Does the program provide for training trainers who can provide local support?
2. Does the program provide opportunities for sustained leadership locally?
3. Does the program provide assistance at tailoring the program to locally identified needs?

There are a number of other sources of advice about the specific content or orientation programs. The following standards for curriculum evaluation were recommended by the National School Boards' Association to the U.S. Presidential Commission on the HIV Epidemic. Such questions can guide curriculum evaluation:

- Does the curriculum give simple, clear, and direct information?
- Is the curriculum factually accurate-is it based on the latest available information and subject to regular updating as new information becomes available?
- Is the curriculum a sequential program tailored to students' level of development, both emotionally and intellectually?
- Does the curriculum focus on teaching healthy behaviour, with the scientific terminology and medical aspects of the disease kept in proper perspective?
- Does the curriculum stress positive personal values and give the clear message, in a way that is acceptable to the community, that multiple sexual partners and intravenous drug use increase the risk of HIV infection? Are students encouraged to develop strategies for resisting peer pressure to engage in activities that do not conform to their personal values?
- If discussion of the risks of HIV infection is included, is the emphasis on high-risk behaviours and is the message given that anyone who engages in such behaviours is at risk, regardless of race, sex, age or sexual orientation?
- Is the discussion of student concerns and fears specifically included in the curriculum? Has consideration been given to the possibility that some students may already have experience the loss of a friend or relative who had AIDS?
- Does the high school portion of the curriculum address sexuality, including homosexuality, in a responsible way that is consistent with community values?
- While continuing to encourage students to choose abstinence, is there a way to point out to older students that for individuals who are sexually active, condoms greatly reduce the risk of HIV infection, and that certain sexual practices increase the risk?

- Does the program address social issues such as unreasonable fear of people with AIDS? Does it help students appreciate the economic and social costs to the country of the disease without causing them to lose a sense of compassion and understanding for those who are infected?

(Reprinted with permission from Reducing the Risk, National School Boards Association, 1989, Alexandra, Va.)

D. Choosing and Evaluating the Teacher of the AIDS/ HIV Program

The success of AIDS education programs depends upon the competencies and commitment of the teachers doing the instruction. It is therefore critical that teachers selected to teach the program are chosen wisely.

The following advice comes from Wagman and Cooper's book, Family Life Education: Teacher Training Manual, 1981.

Effective family life and AIDS education teachers:

- are knowledgeable about the content of family life education and AIDS;
- are skilled in using appropriate communication and teaching techniques;
- have personal qualities which promote the goals of the program.

The first two criteria can be addressed through training programs, either before or after the teachers are selected. Therefore, it is important to assess the following list of personal qualities among the teachers you are considering for assignment to the AIDS program.

Personal Qualities of Effective Family Life Education Teachers:

1. Belief that FLE is an important and much needed curriculum offering.

2. Willingness and enthusiasm for teaching this subject area.

3. Belief that sexual adjustment is an important aspect of total personality adjustment.

4. Comfort with own sexuality and topics to be covered.

5. Clear on own personal code of ethics/values.

6. Open-minded and non-judgmental with respect to values, attitudes, beliefs and behaviour which may differ from his/her own.

7. Respectful of differing cultural and religious values and beliefs.

8. Committed to the rights of parents as the primary sex educators of their own children.

9. Ability to relate effectively (with honesty, warmth, and sensitivity) to students.

10. Willingness to learn; excited rather than threatened by the prospect of new information and teaching methodologies.

11. Respected by students, parents, administrators and fellow teachers.

(Age and number of years of teaching experience have been excluded from this list. However, experienced teachers with many years of positive interactions with parents and students may at least initially be more readily accepted as appropriate FLE teachers than young, inexperienced educators, new to the district.)

(Reprinted from E. Wagman and L. Cooper, Family Life Education: Teacher Training Manual, Network Publications, A Division of ETR Associates, 1981, Santa Cruz, CA).

The evaluation of teacher participation in family life education, can be done collectively and individually. Again, materials have been taken from Wagman and Cooper: 1981.

The first is a survey that might be distributed to all teachers of the AIDS program in your school district. This data would certainly point out potential problem areas which should be rectified by changes in the program or in-service strategies.

The second is a checklist for classroom observations of individual teachers. Although the teaching behaviours apply to other subjects, they are particularly important to the success of AIDS and Family Life programs.

FAMILY LIFE EDUCATION TEACHER BEHAVIOUR INVENTORY

It has now been approximately 1 year since you participated in the FLE Teacher Training. We are interested in learning about your experiences with and feelings about FLE since the training. Completing this questionnaire will require about 10 minutes of your time. Please slip it into the attached stamped return envelope when done. Thank you for your help.

1. Using the rating scale described below, indicate the relative amount of involvement you have had in the past year in the following activities:

0=No active involvement whatsoever
1=Rarely involved (3 times or less)
2=Occasionally involved (4 times to 8 or 9 times)
3=Regularly involved (about once a month or 10-12 times)
4=Frequently involved (several times a month)
5=Quite frequently involved (weekly or more often).

__Discussing family life and sex education topics in the classroom.
__Working on a family life education committee.
__Sharing family life education resource materials with other persons in your district/community.
__Reviewing/obtaining new family life education resource materials for your use/your district's use.
__Informally discussing ideas for teaching family life education with teachers, experts, etc.
__Informally discussing the need for family life education with district personnel.
__Informally discussing the need with parents.
__Informally discussing the need for family life education with other community persons (eg. doctors, clergy, etc.)
__Other activities which support/promote family life education - please briefly describe:

2. a. In the past year, approximately how many times has a student sought you out with a question or concern regarding his/her sexuality or relationships?

__None
__1-2 times
__3-5 times
__6-10 times
__an average of once a month
__an average of twice a month
__weekly
__several times per week

b. In these instances, have you felt prepared/comfortable dealing with the student's questions or concerns?

__Very prepared and comfortable
__Somewhat prepared and comfortable
__Not prepared or comfortable. (If not please briefly explain:)

3. a. In the last year, have you covered any of the following topic areas in your classroom? (Note: Simply answering a student's questions does not count as "covering" a topic!)

__Birth control
__Reproductive Growth and Physiology
__Adolescent Growth and Development
__Abortion
__Adoption
__Pregnancy and Birth
__Sex Roles
__Other related topics
__Relationships
__Teen Sexuality and Decision Making
__Venereal Disease
__Parenting
__Self-Esteem
__Sexual Behaviour
__I have not dealt with any of these or similar topics

b. In the last year, what teaching techniques did you use when covering these topics?

__Lecture
__Discussion/Discussion Groups
__Films
__Values Clarification(eg. forced choice)
__Guest Speakers
__Question Cards/Anonymous Questions
__Student Report/Projects
__Other Technique.
__Information Sharing/Processing
__Simulation/Educational Games
__Brainstorming/Listing Exercises
__"I Learned" Statements/Incomplete Sentences
__Case Studies
__Spontaneous or Structured Role Play

4. Please check below any reservations you have about teaching family life education.

__I am uncomfortable discussing human sexuality topics.
__I am concerned about being personally identified in my community because of my connection with a controversial subject.
__I am concerned about my level of factual information.
__I don't have enough time to deal with other topics/subjects adequately, so I am concerned about adding yet another topic area.
__I'm not sure that family life education is that important or helpful for my students.
__I'm concerned about parental response.
__I'm concerned about my district's support.
__I have no reservations.
__Other reservation

5. Considering everything, how positive do you feel about teaching family life education in your school?

__Extremely positive
__Somewhat positive
__Slightly positive
__Not at all positive

6. Other comments, insights, experience you would like to share

(Reprinted with permission from Family Life Education: Teacher Training Manual, Network Publications, A Division of ETR Associates, 1981, Santa Cruz, CA)

EVALUATION OF TEACHER SKILLS: CLASSROOM OBSERVATION

Below is a list of questions about the teacher's performance. Please answer each question using this 5-point scale. If your answer is "don't know" write DK.

1=not at all
2=a small amount
3=a medium amount
4=a large amount
5=a great deal

How enthusiastic was the teacher about teaching this class? ___

How involved were the students in the class? ___

To what extent was the information presented in the class accurate? ___

How much did students ask questions? ___

How much did the teacher encourage students to talk about their thoughts and feelings? ___

How much did the students talk about their thoughts and feelings? ___

To what extent did the teacher appear to listen carefully to the students? ___

How much did the teacher talk at a level that the students could understand? ___

How much did the teacher summarize the major points made during the class? ___

How comfortable did the teacher appear to be in discussing the different topics of family life education? ___

To what extent did the teacher discuss potential embarrassing topics in a way that students still felt comfortable? ___

To what extent did the teacher show warmth and concern toward the students? ___

To what extent did the teacher show respect toward the students? ___

To what extent did the teacher gain the trust of the students? ___

To what extent did the teacher get along well with the students? ___

To what extend did the students show respect toward each other? ___

To what extent did the teacher encourage the discussion of all points of view? ___

Overall, what is your evaluation of the teacher?
a)What are some strengths of the teacher?
b) What are some weaknesses of the teacher?

(Source: Adapted from Mathtech Inc., Bethseda, Md.)

E. Managing and Teaching About Controversial Issues

The disease of AIDS is inextricably linked to issues which are deeply imbedded in our society. Any school discussion which involves sex, death, religion and human behaviour is bound to create some controversy. This section has collected advice from different sources to assist schools in dealing with those controversies.

1. Teaching About Controversial Issues

The Toronto Board of Education has developed a policy statement on teaching about controversial issues. Such matters always rely upon the professional judgement of teachers and principals who are aware of their community's values and concerns. However, the following is both sound advice to professionals and a rationale for not avoiding such issues in the classroom.

Possible Guidelines for Teaching with Controversial Issues

The Toronto Board of Education supports the freedom of its students and teachers to investigate in a responsible manner issues that affect them in their preparation for daily and future living. While some of these issues may be considered controversial by some individuals or groups, the Board acknowledges the importance of developing student understanding of social, cultural, political and moral issues facing citizens daily. The Board thus recognizes the student's right and obligation to learn and the teacher's right and responsibility to teach within the meaning and intent of the Education Act, the Regulations, Ministry of Education curriculum guidelines and Board of Education policies about controversial issues as part of the school curriculum.

The Toronto Board of Education considers that to be included in the curriculum controversy must be presented in a manner consistent with the maturity of the particular students being taught. The Board thus charges its teachers to provide appropriate cognitive, attitudinal, affective, and social skills and concepts for learning with controversial issues. The Board further encourages teachers to teach the requisite skills for evaluation and decision making about controversial issues in relation to the development of individual values and belief systems.

As part of this obligation to treat controversy responsibly, the Toronto Board of Education supports its teachers not to receive information and opinion about ideas passively but to stimulate students in the classroom to present them openly. In this process, the Board encourages its teachers to use personal opinion, both their own and that of their individual students, to illustrate rather than indoctrinate about issues raised in the classroom. However, when considering controversial issues, information as well as opinion from a variety of different sources must be brought to bear on the topics in question. A sound body of knowledge is developed in the student mind, not as an emotional response to ignorance but through a process of critical thinking and judgement. The Board requires that in the broad perspective of curricular activities on any particular issue, controversial material must be presented in an objective manner that is thorough and balanced.

Recognizing that reasoned dissent is an appropriate expression in a democratic society, the Toronto Board of Education must require its teachers and administrators to prepare and dis-

seminate policies and procedures which acknowledge and reconcile legitimate concerns expressed by members of the community regarding the classroom use of controversial issues. The Board encourages individuals to request of its staff clarification of the substance or methodology for treating controversial issues in the school curriculum when that treatment appears to misinterpret the intent of this discussion.

The student's right to learn in an environment sensitive to diversity of beliefs cannot be questioned. It is the teacher's role and therefore the responsibility of the Toronto Board of Education staff to provide an appropriate curriculum to support such an educational environment and to help students learn how to challenge and develop their own values and concepts in a positive manner.

(Source: Toronto Board of Education)

2. Sex Education and Levels of Sexual Activity Among Youth

There is a traditional concern that sexuality education programs result in an increase in promiscuity and sexual experimentation. The Canadian Institute of Child Health brought together a number of national organizations in 1986 to develop a Consensus Statement on Family Life and Sexuality Education in Canada.

Groups supporting the statement included the Canadian Home & School And Parent-Teacher Federation, Canadian Home Economics Association, Canadian Medical Association, Canadian Pediatric Society, The Society of Obstetricians and Gynecologists of Canada, Canadian Public Health Association, Planned Parenthood Federation of Canada, Canadian Council on Children and Youth, Canadian Psychological Association and the Canadian Nurses Association.

Part of that statement addresses the concern regarding Family Life/Sexuality Programs increasing levels of sexual activity among youth and states;

"Studies have indicated that those young people receiving education in human sexuality do not engage in more sexual activity, and in fact, may have more responsible attitudes than those who do not receive such education.

Canadian and American studies have indicated that those localities with both a sexuality education program and health services available have a lower teenage pregnancy rate."

The statement then cites 9 references.

This information would be most usefully conveyed in a discussion about such programs in response to this specific concern or question.

3. Sexual Orientation and Sexual Issues

Wagman and Cooper present some excellent training exercises and materials to prepare teachers to deal with questions about sexual orientation and other sexual behaviours. Further reference to their book, Family Life Education: Teacher Training Manual, is highly recommended.

The following material, taken from that book, provides an insight on how skilled family life education teachers deal with these sensitive issues. It is reproduced here so that school principals who may not have taught such programs can better understand these critical teaching strategies.

ANSWERING QUESTIONS ABOUT SEXUAL BEHAVIOUR AND ORIENTATION

Although sexual behaviour and orientation are not separate topics in the Santa Cruz Family Life Education Curriculum Guide, students frequently have explicit questions abut sex that they want answered. Questions may be grouped into four broad categories, which of course overlap:

1. Request for information
2. "Am I Normal?" questions
3. "Permission-seeking" questions
4. Questions used to shock the teacher and the rest of the class.

1. Requests for Information

a. If you know the answer, fine. If not, it's OK to say "I don't Know." and then refer the student to an appropriate source.

b. Are there some values' issues within the context of the question? If yes, make sure various points of view are presented.

c. Is the question, although informational, one which you consider inappropriate for classroom discussion? Problems can be avoided if you have established in the context of the class ground rules, an agreement such as: "All questions are valid. However, I will have to make the final decision about the appropriateness of each question for total class discussion. If you turn in a question anonymously which I choose not to answer, it is not because it is a bad question. I may feel that it is not of interest to all students or that I am not prepared to lead a class discussion around that issue. Please see me at the end of class if ever this happens so that I can try to answer your question privately."

2. "Am I Normal?" Questions

These questions generally focus on adolescent concerns about their bodies and the emotional and physical changes occurring in them.

a. Validate their concern, e.g. "Many young people worry that ..." and provide information about what they can expect to happen during the adolescent years.

b. Refer them to parents, clergy, family physician, community resources, school counsellor for further discussion, if appropriate.

3. Permission-Seeking Questions

These come in two common forms, and may be asking your permission to, or not to, participate in a particular behaviour, e.g. "Is it normal to ...?" or "Did you ... when you were growing up?"

a. Avoid the use of the word "normal" when answering questions. Normal for some is morally unsanctionable for others. Present what is known medically, legally, etc. (the facts) and discuss the moral, religious and emotional implications, making sure all points of view are covered. Refer students to parents and clergy for discussion of moral/religious questions.

b. Establish, in the context of class ground rules, an agreement related to discussion of personal behaviour, such as: "No discussion of personal behaviour during class." If and when you (the teacher) get a question about your personal behaviour, you can remind students of this ground rule and redirect the discussion to one of the pros and cons (religious, moral, medical, emotional, legal, interpersonal, etc.) of the particular behaviour in question. Again, refer student to parents and clergy for further discussion of moral/religious questions.

4. Shock Questions
a. See 1c: ground rule related to appropriate questions for classroom discussion.
b. Sometimes the shock comes not from the content of the question, but the vocabulary utilized. You can re-word the question to defuse it, especially if you have previously established in the context of class ground rules, a ground rule related to vocabulary, such as: "In this class I will be trying to balance two conflicting goals: I want to teach the proper vocabulary for body parts and functions, and I want to communicate with you. Sometimes you may not know the correct word for something you have a question about. Use whatever word you know to ask that questions and I will answer using the correct (acceptable) word.".

(Reprinted with permission from Network Publications, A Division of ETR Associates, 1981 Santa Cruz, CA)

4. Conflicting Information

The media continues to report a wide variety of stories about AIDS. In some ways, this creates or reinforces a controversy associated with fear of the unknown.

When confronted with a quote or reference to a study or an expert, a school principal or teacher can:

a) Refer to Expert Resources. Provincial public health authorities are constantly monitoring events in the field. School district employees should know how to access that system for information. As well, the Canadian Public Health Association and the Federal Centre for AIDS have the latest information. They too can be contacted.

b) Assess the Validity of the Source of Information. Educators are trained to evaluate research and can apply those skills to such reports. The following questions can help to determine the legitimacy of the source; Has the study been published in a scientific journal after peer review? How large is the sample? Has the research been duplicated? Do provincial public health authorities confirm the validity of the study?

c) For Students, Such an Exercise Can Become a "Teachable Moment" in itself. Students can validate the source by assessing the study using scientific methodology.

5. Teaching about AIDS in Denominational Schools

For schools which provide religious instruction as part of their school's educational goal, the issue of AIDS can create controversy. However, it is possible to provide accurate information, encourage appropriate behaviours and still maintain the spiritual integrity of the school's orientation.

The Institute for Catholic Education in Ontario, in cooperation with the education stakeholders, adapted the curriculum, policy and procedures suggested by the Ministry of Education.

Further information about this program can be obtained from the Institute for Catholic Education, Suite 305, 10 St. Mary's St., Toronto, Ontario, M4Y 1P9.

For examples of policies developed by denominational school boards, it is suggested that educators contact either the Commission des écoles Catholiques du Montréal in Québec or the Dufferin Peel Roman Catholic Separate School Board in Ontario. Separate schools in other provinces/territories have developed similar programs.

6. Teaching About the Use of Condoms

Most AIDS programs have a carefully developed messages that might be stated as "teach about sex in a way that emphasizes the reasons for abstinence and teach about the use of condoms."

In other words, schools can provide clear moral leadership while recognizing that AIDS education programs must address a wide range of behaviours practised by students.

There is no short cut to achieving consensus or compromise in your community. The only solution is a continuing dialogue between the school and the community.

F. AIDS Reference Material

Reference Books - English

Resource	Description
1. AIDS and the Law, by William H.L. Dornette, John Wiley & Sons, 1987.	Focusses on the legal aspect of AIDS
2. AIDS: How and Where To Find Facts and Do Research by Robert D. Reed, R & E Publishers, 1987.	Shows how and where to conduct research about the AIDS virus.

3. AIDS and the Church, by Earl E. Shelp & Robert H. Sunderland, Westminister Press, 1987.	Describes ways in which the Christian community can minister to AIDS victims
4. AIDS: Principles, Practices and Politics by Inge Corless and Mary Pittman-Linderman, Hemisphere Publishing Corporation, 1987.	Presents the physiology and history of the disease and the impact on national health in the U.S.
5. AIDS: The Facts, by John Langone Little, Brown Publishers, 1988.	Evaluates current medical and scientific research on AIDS.
6. AIDS: The Workplace Issues, American Managment Association, 1985	Examines the need for sensitive handling of the AIDS issue in the workplace.
7. AIDS: What Every Responsible Canadian Should Know by J.D. Grieg, The Toronto Sun/ Canadian Public Health Association, 1987.	Provides positive perspective in question/answer format in all aspects of AIDS.
8. Herpes, AIDS and Other Sexually Transmitted Diseases, by Derek Llewellyn-Jones, Faber & Faber, 1985.	Explains how STD's occur, what they are, how to recognize and treat them.
9. Living with AIDS and HIV, by David Miller, Sheridan House, 1987.	Offers practical advice on the myriad of physical and mental problems of AIDS patients.
10. AIDS: Basic Documents, American Civil Liberties Union, 1988.	Provides a collection of documents relevant to the formation of public policy on AIDS.
11. Schools and Sex Education: New Perspectives, by Irving R. Dickman and Sol Gordon, Public Affairs Pamphlets, New York, 1988.	Discusses how AIDS has affected human sexuality education programs and how such programs help reduce the rate of teenage pregnancy.
12. Aids in the Public Schools, National School Boards Association, 1988.	Provides an in-depth look at developing policies regarding AIDS and schools, as well as the medical and legal facts.
13. AMFAR AIDS Information Resources Directory.	Describes more than 1,100 educational resources by product categori and target audiences, includes a qualitative guide determined by a panel o experts.

Reference Books (French)

1. Adolescence et Sexualité, by Richard Cloutier et al, Presses de l'Université Laval, 1977.	Suitable for adults.
2. L'Education Sexuelle à l'Ecole, by Jean Marc Samson, Guévin, 1974.	Provides background information on school programs.
3. Les Maladies Transmises Sexuellement, by D. Cherniak et A. Feingold, Presses de la Santé, 1977.	Suitable for adults and children
4. SIDA by Hélène Laygues, Hachette, 1985.	Suitable for adults and children
5. Sida: Ce Qu'il Faut Savoir Pour Ne Plus En Avoir Peur, Ken Mayer, Editions de l'Homme, 1983.	Suitable for adults

(Sources: Report on AIDS/STD Education for Youth, Canadian Public Health Association, 1987 and Journal of School Health, Vol. 58, April, 1988.)

G. Providing a Safe and Healthy Environment

The AIDS issue has caused many schools to return to hygienic practices which were in place when other diseases were uncontrolled and therefore schools were required to utilize more stringent measures.

Indeed, this is good advice regarding establishing a supportive environment for students or employees who are infected with the virus. Instead of implementing such procedures after a case of the AIDS virus has been inadvertently disclosed, it is preferable to implement these practices for all diseases now.

Most provincial or territorial departments have issued directives or guidelines on this topic. The following checklist is based on those with additions from other sources, including sample school board procedures.

The most comprehensive example of such procedures can be found in a booklet prepared by the Department of Education of Prince Edward Island, AIDS and the School: Information for Staff and Trustees:

School Health and Safety Procedures for Infectious Diseases (including AIDS)

A Readiness Checklist

1. Are the procedures in your school consistent with the recommendations of the National Advisory Committee on AIDS?

Yes ___

No ___

Don't Know ___

2. Do the procedures in your school conform to a departmental and school district directives? Are they consistent with regulations concerning occupational and community health?

3. Do the procedures include specific stipulations concerning

a) administering first aid ___

b) disposal of soiled items ___

c) the appropriate use and preparation of disinfectants ___

d) the handling of body fluids ___

e) proper clean up procedures after unanticipated skin contact with body fluids ___

f) proper removal of spilled body fluids ___

g) proper disinfection of hard surfaces ___

h) regular maintenance and cleaning procedures ___

i) the wearing of protective clothing (lab coats) by those persons in situations of higher risk ___

j) administering of medicines to students. ___

4. Has the implementation of the procedures included:

a) providing kits containing plastic gloves, bleach, etc. in all locations containing first aid kits. ___

b) training in the procedures for school secretaries, bus drivers, janitorial staff, coaches from outside the school, all teachers. ___

c) copies of these procedures being readily accessible to all staff for easy reference (Eg. inside first aid kit, etc.). ___

d) review of all safety procedures for athletics, science labs, playgrounds ___

e) distribution of pamphlets in the staff room —

f) maintenance of reference materials in a centrally located place (office, health office). —

H. Handling Disclosures of HIV Infections

There are a number of ways in which it can be disclosed publicly or privately that a student or employee has become infected with the AIDS virus. This section of the booklet attempts to provide some advice on how to manage that crisis.

The term "crisis" has been used advisedly because that is exactly what it will be. No matter what the preparation, no matter what the situation, human beings will naturally and normally respond to a disclosure with emotion.

The most effective response in emotional situation is often the presentation of accurate information in a calm manner. Also, knowing what to do, and what immediate steps should be taken, provide a calming effect.

Before the Disclosure

It is critical that the following steps be taken immediately before any disclosure occurs in your school.

1. The school board will have adopted a policy that ensures the confidentiality of all disclosures and is based on the principle of informing only those employees who need to know.

2. The school board will have designated a spokesperson who will be the sole authority mandated to speak to the media about the disclosure. The school board will also have decided on the nature of the information to be presented.

3. The school board will have designated an emergency response team comprised of appropriate professionals who shall manage all aspects of the case. That response team shall have appropriate linkages with health care services in the community.

4. All staff shall be advised of the school boards intention to maintain confidentiality. At the same time, staff shall be directed to report to the superintendent of schools in the event that they have reason to believe that a student or employee is infected with the AIDS virus. The superintendent of schools shall be directed to inform the Public Health officer. There shall be no further communications about the individual unless the Public Health officer deems it appropriate.

When a Disclosure Occurs

There are a number of ways in which a disclosure, public or private, voluntary or involuntary, can occur. The most important, and perhaps the most difficult priority to maintain, is the support to be provided to the student or employee concerned.

Scenario I

An employee receives the results of an HIV test which is positive. The person experiences a traumatic reaction and it becomes known, through that crisis, that "something is wrong with that employee."

Appropriate, Supportive Response

After consultation with the appropriate school district personnel, the principal or other designated administrative officer (Eg. EAP Director) should approach the employee, in confidence, and offer the support services of the school district (EAP, health insurance coverage, etc.)

If the employee voluntarily discloses his/her status, confidentiality is maintained. The superintendent of schools is informed of the voluntary disclosure, the individual is informed of the options under the various health plans and Workman's Compensation should be explained clearly and sensitively. The school board policy on AIDS should also be explained. The Emergency Response team within the school district should be notified and they shall make the appropriate arrangements to provide support to the employee and family. Eventually arrangements may be made on a voluntary basis to reassign the employee.

If the employee does not disclose his/her status, no attempt should be made to solicit such a disclosure. A general offer of assistance, with no reference to AIDS, should be made.

Scenario II

An employee tests positive and asks the school principal or superintendent of schools for help and assistance.

Appropriate, Supportive Response

See Scenario I above for response for voluntary disclosure.

Scenario III

An employee or official is seen by another employee or parent going into an AIDS clinic. Irresponsibly, a rumour is spread throughout the community that the person has AIDS.

Appropriate, Supportive Response

The superintendent of schools or other designated administrative officer should approach the employee in confidence. The administrative officer should state the reason for the enquiry honestly but indicate, in advance, that no disclosure or denial is expected from the employee. The support provided by the school board should be clearly and sensitively explained.

The personnel of the school district should be instructed to discourage gossip about the individual, stating that it is not their business to know about such matters.

Scenario IV

An employee tests positive for the HIV virus and chooses to tell no one.

Appropriate, Supportive Response

None is required.

Scenario V

A student tests positive. The parents take it upon themselves to confide the information to the principal.

Appropriate, Supportive Response

The principal retains confidentiality. The school principal notifies the superintendent of schools.

The parents are informed of the school board policy. They are referred to available counselling and support services. The student is maintained in the regular classroom setting until otherwise determined by the Public Health officer.

(Adapted from: AIDS and the School: Information for Staff and Trustees, Department of Education, Prince Edward Island and OCSOA, Developing Supportive Policies and Procedures on AIDS, Ontario Catholic Supervisory Office Association, 1988.)

4. Preparing Your School Board and Community

A. Policy Making from the Frontline

School principals are in a position to influence the development of school board policies on AIDS. Such influence can be exercised through their professional association or by individuals making suggestions to school district staff.

The following policy questions are derived from various sample and model policies. Based on the responses to these questions, school principals will be able to assess their school board's policy.

Preamble/General Questions

1. Does the school board have policies relating to the general health and development of students? Has the school board approved a comprehensive school health policy?

2. Has the school board reviewed existing laws, regulations and departmental directives?

3. Has the school board adopted a stance about the AIDS issue which defines a role for schools in responding, which views AIDS as a disease that can be prevented by responsible health behaviours, which provides and encourages compassion for its victims and which defines a responsibility for schools being part of an overall community response to the issue?

Instruction

4. Has the school board approved an AIDS program? A Family Life program? a Health program?

5. Has the school board defined the goals of the AIDS program? When it will be taught? The basic content and learning outcomes expected?

6. Has the school board approved special or adapted programs for different categories of students? Have learning/teaching opportunities been identified in other subject areas?

7. Has the school board authorized the use of certain materials or established criteria for their selection?

8. Has the school board defined its expectations for the training and qualifications of staff teaching the program, counselling the students or providing supervision?

Healthy Environment

9. Has the school board defined procedures to protect students and staff from infection?

10. Has the school board established guidelines for the management of students or employees infected with the AIDS virus?

Health Services

Has the school board authorized the provision of appropriate support services for students and employees? Is there an Emergency Response team identified: Have appropriate agencies in the community been identified for referrals?

12. Has the school board introduced an Employee Assistance or Wellness Program or introduced appropriate changes to an existing EAP?

13. Has the school board defined its expectations regarding coordination with other agencies and groups?

14. Has the school board authorized schools and employees to collaborate with community prevention programs or initiatives?

15. Has the school board established a Community Advisory Committee to provide advice on the development, implementation and evaluation of the AIDS policy?

16. Has the school board decided how and when the policy and its implementation would be evaluated?

17. Has the school board determined a timetable for the implementation of its AIDS policy?

18. Has the school board decided how its AIDS policy will be communicated to parents, students, employees, the community and the media?

If many of the answers to these questions are in the negative, then your school district should continue to develop and strengthen its response to AIDS. You shouldn't wait for the crisis to happen in your community before acting.

B. Ways to Help Your Community Be Prepared

The school and the school district should play an active role in ensuring that there is a community wide effort to prevent the spread of the AIDS virus. School leaders can provide leadership by assessing what is available in your community and, if necessary, by convening meetings of interested groups

and agencies. (The local public health personnel are likely already engaged in this type of activity, so it is advisable to first check with them.)

A General Assessment of the Readiness of Your Community

An important first step in developing a community prevention program is to survey what is already happening in your community.

Attitudes of the Community:

- By talking to counsellors, parents, clergy, news media and others, you will be able to ascertain the variety of opinions on AIDS.

Local Media Reports:

- Has the AIDS issue been reported in the local press? What was the tone of the coverage? Is there a reporter who may be interested in follow-up stories?

AIDS Disclosures/Sexual Behaviour:

- Have any cases of AIDS virus been diagnosed in your community? Was there a significant community reaction? Is there a community concern for similar problems such as teenage pregnancy or substance abuse?

Community Education Resources:

- Are there places in the community accessible to youth that provide information about AIDS and other sexual issues?

Health Care Services/Professionals:

- Are there health professionals in your community who have taken a leadership role on AIDS? Are there professionals who can help you design, implement or evaluate your AIDS program?

Other Educational Institutions:

- Does the local college offer AIDS education or prevention programs? Are there training programs for health care workers?

Workplace Programs:

- Have major employers in your community developed AIDS prevention programs? (Eg. municipalities, corporations, etc.)

What sources of support and opposition are likely to be present in your community? How can potential supporters be involved in school efforts?

(Adapted from: Administrator's Guide to Teaching About AIDS, U.S. National Safety Council)

C. An AIDS Readiness Checklist for Your Community

The following checklist has been based on the recommendations of the Nova Scotia Task Force on AIDS. That report is a comprehensive study of the AIDS issue and offers research data and provincial/territorial data of significant interest to educators.

1. Has your community benefitted from a media public awareness campaign? When? Is it on-going? ___

2. Is there a coordinated effort in your community to provide AIDS education in the workplace through local employers and unions? ___

3. Is there an AIDS-related community organization in your area? Are they doing public education programs? ___

4. Does your community have access to an AIDS hotline? ___

5. Does the local college in your community have an AIDS prevention program? Are students in the college required to take a course or unit on AIDS? ___

6. Have parents and the community had the opportunity to view the materials being used in the school AIDS program? ___

7. Is there a specific facility (or adaptation of existing health care or home care services) available in your community for the treatment of persons with HIV related illnesses? ___

8. Does the local hospital offer appropriate in-patient and/or out-patient services care to persons with HIV related illnesses? ___

9. Have the health care agencies in your community taken the steps necessary to ensure confidentiality about individual cases? ___

10. Is there a facility in your community providing anonymous testing for the HIV virus? Does such a service include pre-test and post-test counselling? ___

11. Does your community have a trained response team comprised of appropriate health and social service professionals available to respond to positive tests of the HIV virus? ___

12. Does your local hospital have appropriate palliative care services for terminally ill patients? ___

13. Are there specialized training programs on AIDS available for physicians, nurses, school personnel, dentists, home care nursing aids, first aid workers, homemakers, social workers and hotline/helpline workers? ___

14. Is there a formal or informal mechanism (committee, group, individual, agency) which is coordinating efforts on AIDS in your community? ___

5. Directives from the Department of Education, Policies and Procedures of the School Board

A. Provincial/Territorial Guidelines

The applicable provincial/territorial guidelines or directives on AIDS and schools should be appended here.

B. School Board Policy and Procedures

The relevant policies and procedures of the school district should be appended here. Such policies may be specifically on AIDS but would also include topics such as health programs and services, communicable diseases, employee benefits, etc.

C. Relevant Memos and Directives

Various memos and correspondence on AIDS should be appended here.

D. Local Resources in the Community

You should add the information suggested here:

1) Local Public Health Office
Name_____
Address_____
Telephone_____

2) Local community organizations concerned with HIV infections/AIDS
Name_____
Address_____
Telephone_____

3) Local "hotline" on AIDS
Telephone_____

4. Local health clinic (where advice and services re: sexuality education are available to adolescents)

Name of contact person_____
Address_____
Telephone_____

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